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**UTILITY PATENT APPLICATION TRANSMITTAL**  
(Only for new non-provisional applications under 37 CFR 1.53(b))

<b>Attorney Docket No.</b> EYEM1340																					
<b>Client Matter Number</b> 103353-165425																					
<b>First Inventor or Application Identifier:</b> Paetzold																					
<b>Title:</b> METHOD AND SYSTEM FOR GENERATING FACIAL ANIMATION VALUES BASED ON A COMBINATION OF VISUAL AND AUDIO INFORMATION																					
<b>Express Mail Label No.:</b> EL617042845US																					
<b>Application Elements</b> (See MPEP chapter 600 concerning utility patent application contents)																					
<b>ADDRESS TO:</b> Assistant Commissioner For Patents BOX PATENT APPLICATION Washington, D.C. 20231																					
<div><div><div>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, &amp; duplicate for fee processing)</i></div><div>2. <input type="checkbox"/> Applicant claims small entity status</div><div>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>10</u>] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none"><li>• Descriptive title of the Invention</li><li>• Cross References to Related Applications</li><li>• Statement Regarding Fed sponsored R&amp;D</li><li>• Background of the Invention</li><li>• Brief Summary of the Invention</li><li>• Brief Description of the Drawings <i>(if filed)</i></li><li>• Detailed Description</li><li>• Claim(s)</li><li>• Abstract of the Disclosure</li></ul></div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>3</u>]</div><div>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]<div><div>a. <input checked="" type="checkbox"/> Unsigned</div><div>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i><div>i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</small></div></div></div><div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div></div><div><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table, or Computer Program (Appendix)</div><div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. <input type="checkbox"/> Specification Sequence Listing on:<div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper</div></div><div>c. <input type="checkbox"/> Statement verifying identity of above copies</div></div><div><b>ACCOMPANYING APPLICATION PARTS</b></div><div>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</div><div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power Of Attorney <i>(when there is an assignee)</i></div><div>11. <input type="checkbox"/> English Translation Document (if applicable)</div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS/PTO 1449) <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment (___ pgs.)</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div><div>16. <input checked="" type="checkbox"/> Express Mail Certification</div><div>17. <input type="checkbox"/> Request And Certification under 35 USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent</div><div>18. <input type="checkbox"/> OTHER: Check # _____ (\$ _____)</div></div></div></div> <tr><td colspan="2">17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.: ____/_____ <b>Prior application information:</b> Examiner: _____ Group/Art Unit: _____</td></tr> <tr><td colspan="2"><b>18. CORRESPONDENCE ADDRESS</b></td></tr> <tr><td colspan="2"><input checked="" type="checkbox"/> Customer Number (25548) Or Bar Code Label OR <input type="checkbox"/> Correspondence Address Below</td></tr> <tr><td colspan="2"><div><div><b>NAME</b></div><div>ATTN: Terrance A. 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